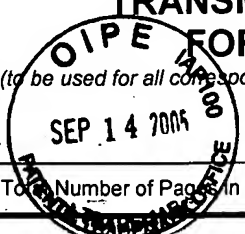


| | | | |
|---|----------------------|------------------------|------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing)  | Application Number | 10/666,238 | |
| | Filing Date | 09/18/2003 | |
| | First Named Inventor | Joseph Thomas O'Neil | |
| | Group Art Unit | 2645 | |
| | Examiner Name | Smith, Creighton H. | |
| Total Number of Pages in this Submission | 15 | Attorney Docket Number | 111352CON2 |

Enclosures (check all that apply)

- ☐ Fee Transmittal Form
☐ Fee Attached
☒ Amendment / Response
☐ After Final
☐ Affidavits / Declaration(s)
☒ Extension of Time Request
☐ Express Abandonment Request
☐ Information Disclosure Statement
☐ Certified Copy of Priority Document(s)
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53
☐ Response to Missing Parts/Incomplete Application

- ☐ Assignment & Recordation Cover Sheet
☐ Drawing(s) & Letter to Official Draftsman
☐ Licensing-related Papers
☐ Petition to the Commissioner
☐ Petition to Convert a Provisional Application
☐ Power of Attorney, Revocation Change of Correspondence Address
☐ Terminal Disclaimer
☐ Request for Refund

- ☐ After Allowance Communication to Group
☐ Appeal Communications to Board of Appeals and Interferences
☐ Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information
☐ Status Letter
☒ Return Receipt Postcard
☐ CD, Number of CDs
☐ Additional enclosure(s) (please identify below)

Remarks Response to Official Action dated May 19, 2005

CORRESPONDENCE ADDRESS

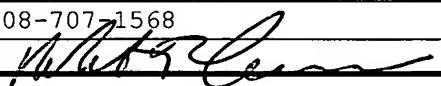
☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☐ Correspondence address below

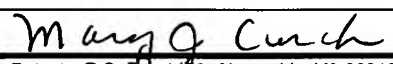
| | | | | | |
|---------|--------------------------|-------|--------------|----------|-------|
| NAME | Samuel H. Dworetzky | | | | |
| ADDRESS | AT&T CORP. One AT&T Way | | | | |
| CITY | Bedminster | STATE | New Jersey | ZIP CODE | 07921 |
| COUNTRY | United States of America | FAX | 908-532-1281 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | | |
|-----------|---|--------|------------|
| NAME | Robert T. Canavan | Reg. # | 37592 |
| TELEPHONE | 908-707-1568 | | |
| SIGNATURE |  | DATE | 09/12/2005 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 09/12/2005

| | | | |
|----------------------|---|------|------------|
| Type or Printed Name | Mary J. Curch | | |
| Signature |  | Date | 09/12/2005 |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450